

DISTRICT II  
 P.O. Drawer DD, Azusa, NM 88210

# OIL CONSERVATION DIVISION

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT III  
 P.O. Box 1000, Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>AMERADA HESS CORPORATION</b>	Well API No. 3002504054 ✓
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) <b>NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494. ALSO, CHANGE NAME FR. STATE T #2 TO NORTH MONUMENT G/SA UNIT BLK. 9, #11.</b>	
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE				
Well Name <b>NORTH MONUMENT G/SA UNIT</b>	BLK. 9	Well No. 11	Pool Name, including Formation <b>EUNICE MONUMENT G/SA</b>	Kind of Lease State, Federal or Fee
				Lease No. <b>R-1431-3</b>
Location Unit Letter <b>K</b> : 1980 Feet From The <b>SOUTH</b> Line and 1980 Feet From The <b>WEST</b> Line Section <b>25</b> Township <b>19S</b> Range <b>36E</b> , <b>NMPM</b> , <b>LEA</b> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VII. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VIII. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 Signature <b>ROBERT L. WILLIAMS, JR.</b> Printed Name 1/1/92 Date	UNIT SUPERINTENDENT Title 505-393-2144 Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	
By	ORIGINAL SIGNATURE OF OPERATOR
Title	

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - All sections of this form must be filled out for allowable on new and recompleted wells.
  - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - Separate Form C-104 must be filed for each pool in multiply completed wells.